



**CITY OF DECATUR**  
RESIDENTIAL PERMIT APPLICATION

**JOB ADDRESS:** \_\_\_\_\_ **CONDEMNED/P.M.?**  Yes  No

Applicant Name	Phone #
Address	E Mail
City, State, Zip	
Company Name	<b>OWNER CONTRACTOR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Property Owner Name	Phone #
Address	E Mail
City, State, Zip	

Permit is For:  New House  Addition  Remodel  Repair  Move  Demolish  Accessory Structure

Type of Use:  Single Family  Two Family  Group Home  Multi Family  Other

**NEW HOMES:** Sewage Disposal:  Public Sewer  Septic System (Requires Copy of Permit)

**NEW HOMES:** Air Leakage:  Visual Inspection Checklist  Testing ( Blower Door)

Insulation Material: Walls \_\_\_\_\_ Attic \_\_\_\_\_ Crawl \_\_\_\_\_

**NOTE: IF YOU CHECKED GROUP, MULTI, OR OTHER; THE ZONING QUESTIONNAIRE MUST ACCOMPANY THIS APPLICATION.**

**SCOPE OF WORK:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST THE INTENDED USE/USES FOR ACCESSORY STRUCTURES AND ADDITIONS.**

\_\_\_\_\_

\_\_\_\_\_

**TOTAL CONTRACT PRICE \$**

<b>OFFICE USE ONLY</b>			Special Conditions:
# of Bedrooms	Code Edition	Construction Type	
# of Stories	Occupancy Class	Zoning District	
# of Baths	Flood Hazard	Fuel Sources	
	X AE A	Elec. Solar Gas	
Total Square Feet			
	Approved By:	Date:	
Total BTU			

**NOTICE**

Separate permits are required for electrical, plumbing, mechanical, and fuel gas work. This permit becomes null and void if; work or construction authorized is not commenced within six months, construction or work is suspended or abandoned for a period of six months at any time after work is commenced, or Community Development property maintenance and condemned property notices have expired. Connection of utilities must be authorized by the Building Department. Failure to make corrections to substandard construction materials or installations shall result in withholding of utilities.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_

**SIGNATURE OF APPLICANT**                      **DATE**

<b>BUILDING</b>	FTG SURV ELEV2 FLRS SLAB MONO STRM GARA SH/FR FIRWL WFP VIC INSU ELEV3 BD SS BF	Permit #	Initials:
<b>PLUMBING</b>	PRS RAD1 RAD2 PTO PRNC SEW PF		
<b>ELECTRICAL</b>	POLE ERNS ERN TEMP EF ECHN SERV		
<b>MECHANICAL</b>	MJ MRN DET MF	<b>Community Development Official Notice No.</b>	
<b>GAS</b>	GRN CONC GFP GF		

For **Additions/Accessory Structures** please include the following drawings and details:

- 1. Sketch of the proposed addition/accessory structures in relation to the existing home and property lines with dimensions. Indicate location of other structures ( including swimming pools) with dimensions.
- 2. Floor plan (with bath fixture locations) , room types, elevations, foundation plan, and framing plan.
- 3. Location of driveway, septic tank/field lines, and electrical service from transformer to home.

\* If complete plans and survey are submitted with this permit application, no additional drawings are needed.\*

\* **Incomplete submittals are subject to rejection.\***

